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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
TECH CENTER 1600/2000

In re Application of : Gavin Paul Vinson, et al.
For : TYPE I ANGIOTENSIN II RECEPTOR
SPECIFIC MONOCLONAL ANTIBODIES
AND HYBRIDOMAS
Serial No. : 09/540,816
Filed : March 31, 2000
Examiner : Christopher H. Yaen
Group Art Unit : 1642
Confirmation No.: : 3602
Date of Last Office Action : October 3, 2003
Attorney Docket No. : BKYZ 2 00040-1-1-1

AMENDMENT E

MAILSTOP-AMENDMENT NO FEE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sirs:

In response to the Office Action of October 3, 2003, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on Page 2 of this paper.

Remarks begin on page 4 of this paper.

CERTIFICATE OF MAILING

I hereby certify that this Amendment E in connection with Application Serial No. 09/540,816 is being deposited with the United States Postal Service, with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, MAILSTOP-AMENDMENT NO FEE Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on
30 DEC 2003

Cheryl Kobylinski
Cheryl Kobylinski



Attorney Docket No.: BKYZ 2 000401

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AMENDMENT TRANSMITTAL LETTER

Ser. No.: 09/540,816	Filed: March 31, 2000	Examiner: C. Yaen
Art Unit: 1642	Title: TYPE I ANGIOTENSIN II RECEPTOR SPECIFIC MONOCLONAL ANTIBODIES AND HYBRIDOMAS	

To the Commissioner for Patents:

Transmitted herewith is an *Amendment E* in the above-identified application. The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	Claims remaining after amendment		Highest Number Previously Paid For	No. of Extra Claims Present	Rate	Additional Rate
Total Claims	5	Minus	20	0	X 18	\$0.00
Indep. Claims	3	Minus	3	0	X 86	\$0.00
TOTAL					=	\$0.00

- ☒ No additional fee is required.
☐ A check in the amount of \$_____ is attached.
☐ Charge \$_____ to Deposit Account No. 06-0308.
☐ Applicants hereby petition the Commissioner under 37 C.F.R. § 1.136(a) and request a ___ month extension of time to respond to the outstanding Office Action. Enclosed is a check in the amount of \$_____.00 to cover the applicable extension of time fees.
☒ Applicants request any extensions of time that may be necessary and authorize the required fees be charged to Deposit Account No. 06-0308.
☒ Please charge any additional fees or credit overpayment to Deposit Account No. 06-0308.

Respectfully submitted,

FAY, SHARPE, FAGAN,
MINNICH & MCKEE, LLP30 Dec 2003
Date
Jay F. Moldovanyi, Reg. No. 29,678
Ann M. Skerry, Reg. No. 45,655
1100 Superior Avenue, Seventh Floor
Cleveland, OH 44114-2579

CERTIFICATE OF MAILING

I hereby certify that this *Amendment E* in connection with *Application Serial No. 09/540,816* is being deposited with the United States Postal Service, with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, MAILSTOP-AMENDMENT NO FEE Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on 30 Dec 2003.

Cheryl Kobylinski